PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

indicated un	less	corrected

XX Issue Fee

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence indicated confess corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 5514

09/25/2007

FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA

NEW YORK, NY 10112

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)

> (Signature) /Dete

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 9059 10/712.061 11/14/2003 Yoshikazu Shibamiya 03560.003392

TITLE OF INVENTION: DISPLAY APPARATUS AND REMOTE CONTROL APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
DASGUPTA	, SOUMYA	2176	715-721000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.563) Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. Fee Address" indication (or "Fee Address" Indication form PTO/SB/4/7; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patient front page, list (1) the names of up to 7 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (linkving as a member a 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
5. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Canon Kabushiki Kaisha Tokyo, Japan						
			_	3557		

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government

4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0-3939 (enclose an extra copy of this fo (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature __/John A. Krause/ Date October 12, 2007

Typed or printed name __John A. Krause 24,613 Registration No. This collection of information is required by 37 CFR L311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO or process) are application. Confidentially is governed by 35 US Ce. 122 and 37 CFR 1.41 This collection is estimated to she 12 minutes to complete, including guidence, including public many completed supplication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your equire to complete this form and/or suggestions for reducing this burden, should be sent to the Chef Information Officer. U.S. Patternation (Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies _